

REQUEST FOR REIMBURSEMENT AUTHORIZATION – RSA 146-D, RSA 146-E, RSA 146-F

A. AUTHORIZATION INFORMATION



Oil Fund Disbursement Board

- (1) Type of Facility (check one): Bulk Motor Fuel (LAST) ☐ On-Premise-Use Fuel Oil (OPUF) ☐
Motor Fuel UST facility (LUST) ☐ Motor Oil Storage (MOST) ☐ Bulk Fuel Oil (FUEL) ☐
(2) Type of Authorization (check one): First-Party Costs (Site Cleanup) ☐ Third-Party Costs (Court Judgment) ☐

B. FACILITY INFORMATION

- (1) Facility Name (or residence name):
(2) Facility Address:
(3) Facility Town:
(4) Is this Facility Active or Permanently Closed?:
(5) NHDES Facility Registration/Permit No. (N.A. for residence):
(6) NHDES Project/Site No.:
(7) Date of Discharge Discovery:

(Complete Here)

C. OWNER/INSURANCE INFORMATION (See Instructions Notes 5&6)

- (1) Owner's Name:
(2) Mailing Address:
(3) Daytime Phone:
(4) Are you a new owner since last authorization?:
(5) No. of facilities owned in NH (of type checked above):
(6) Is coverage available under other insurance?:

(Complete Here)

- ☐ Yes Date of Purchase: _____ ☐ No
☐ (Not Applicable for OPUF)
☐ Yes ☐ No ☐ Previously Determined

D. OWNER'S LIABILITY STATEMENT AND AFFIRMATION

*I hear certify that the facility referenced above is currently in full compliance with all applicable local, state and federal requirements. I understand that I shall no longer be eligible for reimbursement if full compliance is not maintained.
I agree that I am responsible for a "deductible" to be applied against any amounts reimbursed to me from the fund, if not already satisfied. If initial reimbursement is made to an "Applicant", I understand that I may be billed for the deductible amount and that I shall pay said amount within 30 days of the billing date, or shall arrange for periodic payments. I understand the petroleum cleanup funds only provide excess insurance coverage.*

I declare under penalty of perjury that the representations made in this Request for Reimbursement Authorization are to the best of my knowledge true and correct.

I agree to reimburse the fund for any payments made to me based upon incorrect information on this form, or incorrect claim submittal information.

: ONLY ORIGINAL SIGNATURE ACCEPTED

Owner's Signature – Date Signed

E. REIMBURSEMENT CLAIM SUBMITTAL INSTRUCTIONS

- (1) Complete this Request for Reimbursement Authorization form and include it with your first claim submittal. A separate authorization is needed for each facility type for first-party costs, and for each facility type for third-party damage costs. A new authorization(s) is needed if facility/property ownership has changed. Include a copy of the property transfer deed and a copy of the NHDES facility registration form, if applicable. Subsequent first-party cost claims only require the applicable information listed in the sample cover/transmittal letter.
- (2) Do not submit an authorization request if the facility is not in compliance with applicable requirements.
- (3) Do not submit a claim for costs incurred before discharge discovery, for costs associated with discharge discovery, for costs associated with facility closure or upgrading, or for work in progress – unless authorized by NHDES.
- (4) Number each claim for each facility type in sequence. Refer to this request number when making a re-submittal. (See cover/transmittal letter sample)

(INSTRUCTIONS CONTINUED ON REVERSE SIDE)

E. REIMBURSEMENT CLAIM SUBMITTAL INSTRUCTIONS

- (5) Only the current facility/property owner is eligible for reimbursement. If you are the new owner of a facility for which the previous owner was reimbursed, you must check the box labeled "Yes" under Section C., Item (4) of this form, and indicate the date of purchase. You should also ascertain that NHDES records such as the facility registration and groundwater permit have been updated. Attach a copy of the property transfer deed and NHDES facility/permit records.
- (6) By law, the petroleum cleanup funds only provide excess insurance to eligible facility owners. Therefore, you must exhaust any other insurance available to you for cleanup costs and/or third-party damages before you may be reimbursed from the funds. To demonstrate that you are eligible for reimbursement you must first submit a claim or request for coverage determination to your insurance carrier(s) before you submit an initial reimbursement request to the funds. Please attach the following documents to the initial authorization request for this facility, as applicable:

(Check)

☐

a. A copy of the claim or request for coverage filed with all other insurance carriers for the facility/property.

☐

b. Copies of all responses from other insurance carriers/agents regarding coverage determinations under other policies.

☐

c. Copies of Declaration of Coverage sheets and other information regarding policy coverage, policy limits and payments received from other insurance.

If coverage under other insurance is available you must check the box labeled "Yes" under Section C., Item (6) of this form. If the information provided (see above C) indicates that the limits of coverage have been reached, your request will be processed.

If the information provided (see above A and B) indicates coverage has been denied, you may check the box labeled "No". Your reimbursement claims will be processed.

If the information provided indicates other insurance coverage issues are not resolved your request may be processed, however the fund will reserve the right to seek recovery of any payments made. Contact NHDES for further information regarding insurance coverage or discharge responsibility disputes.

- (7) Requests for reimbursement authorization for third-party damage awards or settlements are subject to pre-notification procedures and submittal requirements specified in the rules of the Oil Fund Disbursement Board. (See N.H. Admin. Rules Odb 401)

Return completed form(s) and claims to:

Joyce P. Bledsoe, P.G.
NHDES – WMD
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

If you have questions, call (603) 271-8740.

NOTE: INCOMPLETE REQUESTS WILL BE RETURNED